



City of Long Beach
DEPARTMENT OF HUMAN RESOURCES

HIGHER CLASSIFICATION PAY AUTHORIZATION

REQUESTING DEPARTMENT

Department/Bureau/Division: _____

Employee's Name: _____

Current Classification/Grade: _____

Higher Classification/Grade Assigned: _____

Employee being replaced: _____

Reason for Vacancy: _____

Qualification Period — List anticipated dates and the number of hours that the higher classification duties will be performed (designated days absent) during qualification period.

DAY #	1	2	3	4	5	6	7
Date							
Hours							

Type of Work Schedule (check appropriate box) ☐ 5 day/8 hours a day ☐ 4/40 ☐ 9/80
☐ Other (describe) _____ hours per day _____ days per week

*Note: Higher classification pay shall be paid retroactive to the 1st day of the 40 consecutive hour qualification period.

Date request received: _____ Vacant permanent budgeted position ☐ Yes ☐ No

☐ Approved effective for calendar year _____ or ☐ Denied

Supervisor Signature _____

Date _____

☐ Approved

☐ Denied

Return this form to: _____

Department Head Signature or Designee) _____

Date _____

HUMAN RESOURCES DEPARTMENT

☐ Approved

☐ Denied

Director of Human Resources or Designee _____

Date _____